RECEIVED FEC MAIL CENTER

2015 SEP 24 AM 11: 23

Committee Name:
Veterans Preventing Suicide
If registered, FEC ID:
Today's Date:
09/23/2015
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Re: Form 1, Statement of Organization—Unlimited Contributions
To Whom It May Concern:
This committee intends to make independent expenditures, and consistent with
the U.S. Court of Appeals for the District of Columbia Circuit decision in
SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This
-
committee will not use those funds to make contributions, whether direct, in-kind,
or via coordinated communications, to federal candidates or committees.
Respectfully submitted,
Treasurer's Name:
Jonatan Jerez, Treasurer

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

2015 SEP 24 AM 11: 23

		<u> </u>	/ Office Use Only	
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
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(Check if address is changed)		<u> </u>	<u> </u>	
	SITIUIDI ICI	+7:	CA 9,1,6,1,4,1- STATE ▲ ZIP CODE ▲	
COMMITTEE'S E-MAIL ADDRE	ESS		•	
(Check if address is changed)	ViPiSi@Vietier	lainis ipirielvielniti	ing Swinciside ODD	<u>,</u>
	Optional Second E-Mail Ad	ddress		,
· ·				لنا
COMMITTEE'S WEB PAGE AD	DDRESS (URL)		· .	. ` .
(Check if address is changed)	Viertieransia	previentiings	vici diezana	· <u> - </u>
and the stranger,			\boldsymbol{J}_{i}	
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2. DATE 0.9 2	3/2015			
3. FEC IDENTIFICATION N	UMBER ▶ C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	his Statement and to the best	t of my knowledge and belief it	is true, correct and complete.	
Type or Print Name of Treasure	er <u>Jonatav</u>	Jerez	· · · · · · · · · · · · · · · · · · ·	
Signature of Treasurer	Janto	My	Date 09 23 20	Š
NOTE: Submission of false, error		n may subject the person signing t	his Statement to the penalties of 52 U.S.C. § WITHIN 10 DAYS.	3010
Office Use		For further information of Federal Election Commission Toll Free 800-424-9530		

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	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYP	E OF C	OMMITTEE	
Car	ndidate	e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
Nam Can	e of didate		
	didate y Affiliati	on Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)			nocratic, ublican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:
		Corporation Corporation w/o Capital Stock La	bor Organization
			operative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	. •
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number C	
	3.	FEC ID number	
	4.	FEC ID number C	

				•
•	FEC Form 1	(Revised	02/2009)	Page 3
Write o	r Type Comn	nittee Nam	e	•
6. Nam	ie of Any Co	onnected	Organization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
	1	1		*
	 	<u> </u>		<u> </u>
		1_1_1_1		
Maili	ng Address			
			CITY STATE	ZIP CODE
Rela	tionship:	Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
				
	todian of Re s and record		entify by name, address (phone number optional) and position of the person	in possession of committee
Full	Name	بمرمركا	atiaini Dieriez	1 1 1 1 1 1 1 1
Maili	ng Address		BIGISIOI : LIQIVITIEI ! CIYIN BILIVIDI IT 111	18131 1 1 1 1 1
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			Isitividino i City IIII CIAI 19	1.6,141-
Title	or Position		CITY STATE	ZIP CODE
Rig	eicioi(i	lieiri	Telephone number]
			nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full I	Name easurer	Doin	atian Jerez	<u> </u>
Mailir	ng Address		BIGISIOI LIGIVITIEN CIVIN 184VIDI 1#111	1813111111
•			St-vidino Cisty CA P	ZIP CODE
	or Position			
	<u>rı e19.1 510</u>	in Gir	Telephone number]-

FEC Form 1 (Re	vised 02/2009)		Page 4
Full Name of Designated Agent	nyamin Jerez		
Mailing Address	16,627, Challet Dir		
·			
	BIENNI BIAITIDIEMSI I I I	STATE	2IP CODE
Title or Position Delbuty IT	I <u>rieigi SiUi Cie vî i i i</u> Teleph	none number	
Banks or Other Deposes safety deposit boxes or Name of Bank, Depositor		committee deposits	funds, holds accounts, rents
<u>IC.h</u>	iaisiei Biainik		1111111
Mailing Address	11/2015/1 Weintwiria 184	VID	
	Kitividisio Risty + 1 1 1	L KA	91.6041-
	CITY	STATE	ZIP CODE
Name of Bank, Deposito	ory, etc.		
. Lu			
Mailing Address			
		1 1 1 1 1 1 1	
	CITY	STATE	ZIP CODE

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FROM: (PLEASE PRINT)

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Jona tan Derez

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POSTAL SERVICE ®

PRIORITY

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SIGNATURE REQUIRED Note: The mailer must check the "Signature uires the addressee's signature; OR 2) Purchases additional insurance; OR 3)

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P + 4* (U.S. ADDRESSES ONLY) Tip all the Washington USPS.com® or local Post Office for availability.

For pickup or USPS Tracking", visit USPS.com or call 800-222-1811 DC, 20463

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UNITED STATES

LABEL 11-B, JANUARY 2014

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Election Commission

IVERY (POSTAL SERVICE

PO ZIP Code IRIGIN (POSTAL SERVICE USE ONLY) (אאססאץ) Postage Military COD Fee

☐ Flat Rate ☐ 10:30 AM ☐ 3:00 PM Return Receipt Fee Live Animal Transportation Fee DPO

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Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked Date of Receipt

USPS First Class Mail	Date of Neccipi
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked 09-23
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
	09-24
PREPARER	DATE PREPARED
(3/2015)	•

20-15:00: 24:0M:0002MIDMG

FE6AN023

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED FEC MAIL CENTER

2015 SEP 24 AM 11: 23

1.	•	NAME OF		
		COMMITTEE	(in	full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

DRAGT BRIA	M SCHW	EITZEZ	, <u> </u>		
ADDRESS (number and street)	5.9.3 W	0,4,6,0,7,7	TLA		
Check if different					
than previously reported. (ACC)	40400	777		ادری اد	26.7/6 -
2. FEC IDENTIFICATION N	UMBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲
C0.0.5661	90	3. IS THIS REPORT	NEW (N) OR	AMENDE (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Cl. (a) Quarterly Reports: April 15 Quarterly	Report (Q1)	(b) 12-Day PRE	-Election Report for the Primary (12P) Convention (12C)	ne: General (12 Special (12	· -
July 15 Quarterly October 15 Quart January 31 Year-E	erly Report (Q3)	Election on (c) 30-Day POS	M M / D D	the:	in the State of
Termination Repor	t (TER)	Election on	General (30G)	Runoff (30F	Special (30S) in the State of
5. Covering Period	Z ' 81 '	2.015	through	6 6 6	Ž. i 5
I certify that I have examined a	1.			is true, correct and	
Signature of Treasurer NOTE: Submission of false, error	neous, or incomple	te information may	subject the person sign	Date O.6	e penalties of 52 U.S.C. §30109.
Office Use Only					FEC FORM 3 (Revised 02/2003)

2046-09-24-03-00028547

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

\ 	/rite o	or Type Committee Name	<u></u>	Draft	Brian	Schweiter	
R	eport	Covering the Period: From:	02/01	ZZ		<u>ٚ</u> کے ' کے ' کے '	•. (.6
6.	Net	Contributions (other than loans)		COLUMN A This Period		COLUMN B Election Cycle-to-Da	te
	(a)	Total Contributions (other than loans) (from Line 11(e)).					2 6 2
	(b)	Total Contribution Refunds (from Line 20(d))		,	6	80\-\dagger_0\-\dagger_0\-\dagger_0	0,00
	(c)	Net Contributions (other than loans (subtract Line 6(b) from Line 6(a))				.,.,,10	2,62
7.	Net	Operating Expenditures	_				
	(a)	Total Operating Expenditures (from Line 17)			0		1,39
	(b)	Total Offsets to Operating Expenditures (from Line 14)		<u> </u>	0		<i>ن</i> ۾ پ
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))		,			1,3,5
8.		th on Hand at Close of porting Period (from Line 27)			Ò		
9.	the	ots and Obligations Owed TO Committee (Itemize all on ledule C and/or Schedule D)		,,06.	o		
10.	the	ots and Obligations Owed BY Committee (Itemize all on leedule C and/or Schedule D)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o		

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

2015 · 09 · 24 · 08 · 00028588

	FEC Form 3 (Revised 12/2003)	DETAILED SUMMARY PAGE of Receipts	Page 3
Write	or Type Committee Name	Christer	
Report	t Covering the Period: From:	Z / 6 7 Z 2	20.1.5
	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CO	NTRIBUTIONS (other than loans) FROM	:	
(a)	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		,,,,,,1,0,2,6,2
	(ii) Unitemized		
(c)	Political Party Committees Other Political Committees (such as PACs)		
(d) (e)	The Candidate TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		,10262
	ANSFERS FROM OTHER THORIZED COMMITTEES		
13. LO/ (a)	ANS: Made or Guaranteed by the Candidate		
(c) (b)	All Other Loans TOTAL LOANS (add Lines 13(a) and (b))		
EXF	FSETS TO OPERATING PENDITURES funds, Rebates, etc.)		
	HER RECEIPTS vidends, Interest, etc.)		
11(TAL RECEIPTS (add Lines e), 12, 13(c), 14, and 15) arry Total to Line 24, page 4)		10,2,6,2

, 1,0,2,6,1

2015 · 09 · 24 · 0M · 0002M5M9

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

COLUMN A COLUMN B II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate..... (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees (b) Political Party Committees..... (c) Other Political Committees (such as PACs) (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... 21. OTHER DISBURSEMENTS..... 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 25. SUBTOTAL (add Line 23 and Line 24)..... 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....

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SCHEDULE A (FEC Form 3)

PAGE OF FOR LINE NUMBER: (check only one)

ΙT	EMIZED RECEIPTS	for each category of the Detailed Summary Page	<u> </u>	11a	`	\neg	11b 13a	$\overline{}$	1c 3b		11d	Ţ]15	5
Ar or	ny information copied from such Reports and Statemer for commercial purposes, other than using the name	nts may not be sold or used by an and address of any political commi	perso	n for solicit	the co	pu ntri	rpose butior	of so	liciti m sı	ng d uch	contri com	buti nitte	ions ee.	
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_	Full Name (Last, First, Middle Initial)					_								
Α.	Mailing Address City State	e Zip Code	·	Date	OJ M	не 	o P	D /	Ÿ	γ	V V	· v		
	FEC ID number of contributing federal political committee.	notice.		Amor	unt	of	Each	Rece	ipt ti	nis 1	Period	<u>.</u>		-]
	Receipt For: Primary Other (specify) General	on Cycle-to-Date]	Description of the Control of the Co				•	72.		. • • • • •	÷		<i>a</i>
	Full Name (Last, First, Middle Initial)			Date	of	Ba	ceint				_			_
B.	Mailing Address			Date	M)	 	Ceipt C	D /	Ÿ	¥γ	W Y	ν γ]	
	City Stat	te Zip Code	-	<u>_</u> _						_				
	FEC ID number of contributing federal political committee.			Amo	unt	of	Each	Rece	ipt t	his	Perio	d V	- -	7
	Name of Employer Occup	pation				<u></u>	<u>. 9</u>		-5			5-		j
	Receipt For: Primary General Other (specify)	ion Cycle-to-Date]											
	Full Name (Last, First, Middle Initial)			Date	of	Re	ceipt		-					
C.	Mailing Address City Stat	7in Code				′		°]	Ľ	V Ý	VΥ	V Y]	
	Only State	te Zip Code			_									
	FEC ID number of contributing federal political committee.			Amo	unt	of	Each	Rece	ipt 1	his	Perio	d		7
	Name of Employer Occup	pation				٠	.5		-5-			5		J
	Receipt For: Primary General Other (specify)	ion Cycle-to-Date										ř		
	SUBTOTAL of Receipts This Page (optional)				_	<u></u>	5		-3	-	-6	V	<u>.</u>]
\ .	TOTAL This Period (last page this line number only)								-			-		

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A.

City

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (In Full)

Mailing Address

Candidate Name

Office Sought:

Mailing Address

Candidate Name

Office Sought:

Mailing Address

Candidate Name

Office Sought:

State:

Purpose of Disbursement

State:

City

C.

Purpose of Disbursement

State:

City

B.

Purpose of Disbursement

Full Name (Last, First, Middle Initial)

House Senate

District: Full Name (Last, First, Middle Initial)

President

House

Senate President

House

Senate President

District:

State

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

District: Full Name (Last, First, Middle Initial)

PAGE OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 19b 17 18 19a **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Date of Disbursement State Zip Code Amount of Each Disbursement this Period Category/ Туре Disbursement For: Primary General Other (specify) Date of Disbursement State Zip Code Amount of Each Disbursement this Period Category/ Type Disbursement For: Primary General Other (specify) Date of Disbursement Zip Code Amount of Each Disbursement this Period Category/ Type Disbursement For: Primary General Other (specify)

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CHEDULE C (FEC For DANS	m 3)	Use separate schedule(s) for each category of the Detailed Summary Page PAGE OF	
AME OF COMMITTEE (In Full)	Daff	Brien	Sharita
LOAN SOURCE Full Name (La	st, First, Mic		Election:
			Primary General
Mailing Address			Other (specify) ▼
City		State Z	IP Code
Original Amount of Loan		Cumulative Paym	ent To Date Balance Outstanding at Close of This Pe
TERMS	· · · · · · · · · · · · · · · · · · ·	() () () () () () () () () ()	
Date Incurred		M M / D D	e Due Interest Rate Secured: / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
List All Endorsers or Guaranto 1. Full Name (Last, First, Midd		o Loan Source	Name of Employer
i. Full Name (Last, First, Midd	ne miliai)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middl	e Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Midd	le Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed
4. Full Name (Last, First, Midd	le Initial)		Outstanding:
Moiling Address		<u>.</u> .	
Mailing Address		•	Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page	ge (optional).		
OTALS This Period (last page in	this line onl	у)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463								
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER						
Draft Brian Sch.	veiter							
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)						
Full Name	%							
Mailing Address	Date Incurred or Established	- May (Dag) (Asasasa)						
City State Zip Code	Date Due							
A. Has loan been restructured? No Yes	If yes, date originally incurred	WAW , BAB , ATATA						
B. If line of credit,	Total							
Amount of this Draw:	Outstanding Balance:							
C. Are other parties secondarily liable for the debt incurre								
	st be reported on Schedule C.)	A						
D. Are any of the following pledged as collateral for the least property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify:	f deposit, chattel papers, r similar traditional collateral?	What is the value of this collateral?						
		Does the lender have a perfected security						
E. Are any future contributions or future receipts of intere collateral for the loan? No Yes If yes, sp	est income, pledged as	What is the estimated value?						
	Location of account:							
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).								
	Address:							
Date account established:	City, State, Zip:							
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.								
G. COMMITTEE TREASURER		DATE						
Typed Name	·							
Signature								
H. Attach a signed copy of the loan agreement.								
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the teare accurate as stated above. The loan was made on terms and conditions (incoming similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a	cluding interest rate) no more fa f comparable credit worthiness. a loan must be made on a basi	vorable at the time than those imposed for swhich assures repayment, and has						
complied with the requirements set forth at 11 C	JEN 100.02 and 100.142 in Mak	_						
Typed Name		DATE						
Signature Titl	le							

SCHEDULE D (FEC	Form 3)	(Use separate	PAGE OF		
DEBTS AND OBLIG	·	schedule(s)	FOR LINE NUMBER:		
Excluding Loans		for each numbered line)	(check only one) 9		
NAME OF COMMITTEE (In Fu	At Box Shreiter				
A. Full Name (Last, First,	Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):		
Mailing Address	· · · · · · · · · · · · · · · · · · ·				
Mailing Address	•				
City State	Zip Code				
					
Outstanding Balance Be					
Amount Incurred		Outstandi	ng Balance at Close of This Period		
B. Full Name (Last, First,	Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):		
Mailing Address					
Walling Address					
City State	Zip Code	-			
		l			
Outstanding Balance Be	eginning This Period				
Amount Incurred		Outstandi	ng Balance at Close of This Period		
			* * * * * * * * * * * * * * * * * * * *		
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C. Full Name (Last, First,	, Middle Initial) of Debtor or Creditor	Nature of D	Pebt (Purpose):		
Mailing Address					
Walling Address					
City	State Zip Code				
Outstanding Balance Be	eginning This Period				
Amount Incurred	d This Period Payment This Period	Outstand	ing Balance at Close of This Period		
			· · · · · · · · · · · · · · · · · · ·		
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		P			
1) SUBTOTALS This Period This Page (optional)					
					
2) TOTALS This Period (las	t page this line number only)	>			
3) TOTAL OUTSTANDING	LOANS from Schedule C (last page only)	—			
	20.11.5 non concade o hast page only)				
4) ADD 2) and 3) and carry	y forward to appropriate line of Summary Page (last pag	ge only)			

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Nan	Name of Principal Campaign Committee (In Full) Report Covering Period:									
			From:		To:	_				
	Dat Boen Shureter Com									
	(a) Line No. 11(a) Committee Name Committee Name (b) Line No. 11(b) Total Contributions From Indiv/Persons Other Than Political Committees From Political Party Committees									
A										
В	B Column Total Last Page Only									
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans				
4										
E	3									
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees				
4	A									
E	3									
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Candidate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees				
4	Α.									
E	3									
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee				
	Α									
E	3									
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures							
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(3/2015)